PTO/SB/17 (12-04)

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THATCH TO A 12/08/2004		Complete if Kr	nown	
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Application Number	09/915,455		
FEE TRANSMITTAL	Filing Date	July 27, 2001		
For FY 2005	First Named Inventor	Shiochi YAMAZ	AKI et al.	
	Examiner Name	A. Harringrton		
Applicant claims small entity status. See 37 C.F.R. 1.27	Art Unit	2873		
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket No.	02369.000110		
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order None Other (please identify):				
Deposit Account Deposit Account Number: 06-1205  Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17  Charge ree(s) indicated below, except to the ming fee  Charge ree(s) indicated below, except to the ming fee				
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FEE CALCULATION				
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES				
Small Entity	Small Entity	Small Entity (\$) Fee(\$)	Fees Paid (\$)	
Application Type         Fee (\$)         Fee (\$)           I trillity         300         150         50		00 100	<u>- 000 : u.u. (</u> )	
Design 200 100 10	0 50 13	30 65		
Plant         200         100         30           Reissue         300         150         50		60 80 00 300		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Small Entity  Fee(\$) Fee(\$)  50 25  200 100  360 180				
Total Claims	Paid (\$) Mult	ple Dependent Clai	<u>ms</u>	
34 - 70 or HP = $0$ x $50.00$ = $0$ HP = highest number of total claims paid for, if greater than 2		Fee(\$) <u>F</u> e	ee Paid (\$)	
Indep. Claims				
3 - 5 or HP = 0 x 200.00 = 0 HP = highest number of independent claims paid for, if greater than 3				
3. APPLICATION SIZE FEE  If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets				
- 100 = / 50 =	(round <b>up</b> to a whole	number) x	=	
4. OTHER FEE(S)  Fees Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)				
Other:				
SUBMITTED BY				
Signature	Registration No. (Attorney/Agent		Telephone 202-530-1010	
	(Attorney/Agent	, 55,515		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	) : Examiner: R. Mack
Shiochi YAMAZAKI, et al.	)
Appln. No.: 09/915,455	: Group Art Unit: 2873
Filed: July 27, 2001	; )
For: IMAGE DISPLAY APPARATUS AND HEAD MOUNTED DISPLAY UNIT	February 8, 2006

Mail Stop: AMENDMENT COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action dated December 29, 2005, please amend the application as follows:.